



# 2018 CAMP REGISTRATION FORM

## **CAMP SESSION**

- Kids Scuba Camp Level I**    Jun 18 – 22    Jul 16 – 19    Aug 20 – 24  
**Kids Scuba Camp Level II**    July 30 – Aug 3  
**Jr Open Water Camp**    July 23 – 27    July 2 – 6 (*no camp on the 4th*)  
**Jr Adventure Diver Camp**    Aug 13 – 17 (*sleepaway at Dutch Springs*)

## **PARTICIPANT INFORMATION**

Legal Name \_\_\_\_\_ Nickname \_\_\_\_\_  
Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Email \_\_\_\_\_  
Birth Date \_\_\_\_\_ J F M A M J J A S O N D \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
DAY YEAR

## **PARENT/GUARDIAN CONTACT INFORMATION**

Primary Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_  Home  Work  Cell Alt Phone \_\_\_\_\_  
Secondary Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_  Home  Work  Cell Alt Phone \_\_\_\_\_

## **EMERGENCY CONTACT INFORMATION / AUTHORIZATION TO PICKUP**

The following persons are authorized to pick up my child from camp and may also be contacted in the event of an emergency when neither the primary nor secondary contacts listed above can be reached.

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Primary Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Primary Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

## **MEDICAL INFORMATION**

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
Food Allergies \_\_\_\_\_ Medicine Allergies \_\_\_\_\_  
Current Medications \_\_\_\_\_

### **OFFICE USE ONLY**

Deposit Date \_\_\_\_\_ Amount \_\_\_\_\_ Balance Due \_\_\_\_\_  Paid In Full Invoice # \_\_\_\_\_  
 Medical Questionnaire    Medical Statement    Emergency Consent    Student Record    Photo Release  
 Con-Ed Form    Youth Diving    Staff Release    Seal Team Liability Release    Non-Agency Disclosure

## **MEDICAL QUESTIONNAIRE**

Parent/Guardian: Please check YES or NO to each of the following items to accurately reflect the participant's past medical history and present medical condition. A YES answer to any of these items requires written medical approval before the participant will be allowed to participate in scuba diving activities. If this applies, a separate form will be provided to take to a physician.

- YES    NO   History of respiratory problems or disease including asthma, emphysema, or tuberculosis
- YES    NO   Recurrent ear problems, ear disease or surgery
- YES    NO   History of sinus problems
- YES    NO   Problems equalizing (popping) ears with airplane or mountain travel
- YES    NO   Diabetes
- YES    NO   History of heart condition (e.g., cardiovascular disease, angina, heart attack)
- YES    NO   History of seizures, dizziness, or fainting
- YES    NO   Nervous system disorder
- YES    NO   Behavioral health, mental or psychological disorders (panic attack, fear of closed or open spaces)
- YES    NO   Recurrent back problems, history of back or spinal surgery
- YES    NO   Currently taking prescription medication that carries a warning about impairment of physical or mental abilities
- YES    NO   Has recently had an operation or illness
- YES    NO   Currently under the care of a physician or has a chronic illness

**Please note: If the participant has a cold, sinus congestion, or ear infection the week prior to camp, he or she will need physician approval to participate in scuba activities.**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, participant, hereby affirm that we are aware of and understand there are inherent hazards associated with skin diving and scuba diving, which may result in serious injury or death and have answered the above medical questions honestly and to the best of our knowledge.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date